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|--|--|--|---|---|---|--|--|
| INDIANOLA, PA 15051<br>27/2006 GWDRDDF2 00000038 09982518  |  |  |   | Dawn Dedola   |   | (Depositor's name)                                   |  |
|  |  |  |   | Daw D   | edeli   | (Signature)  |  |
| FC:1501<br>FC:1504   | 1400.00 OP<br>300.00 OP  |  |   | June 22, 20 <b>6</b> 6  |   | (Date)   |  |
| APPLICATION NO.  | FILING DATE  | FIRST  | NAMED INVEN   | ITOR  | ATTORNEY DOCKET NO.   | CONFIRMATION NO.                                     |  |
| APPLN. TYPE  | SMALL ENTITY   | ISSUE FEE  | Pi  | JBLICATION FEE  | TOTAL FEE(S) DUE  | DATE DUE   |  |
| nonprovisional   | NO   | \$1400   | <b>_</b>  | \$300   | \$1700  | 08/31/2006   |  |
| EXAMINER HUH, BENJAMIN   |  | ART UNIT 3767  |   | LASS-SUBCLASS   |   |  |  |
|  |  |  |   | 600-432000  |   |  |  |
| <ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol> |  |  | 2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  1 Gregory L. Brad1  2 Christian E. Sch  3 Henry E. Bartony |   |   |  |  |
| CFR 1.363).  Change of correspon Address form PTO/SB/1  "Fee Address" indica PTO/SB/47; Rev 03-02  | ation (or "Fee Address" Indica   | Correspondence or (2) ation form reg of a Customer 2 r   | agents OR, alte<br>) the name of a<br>gistered attorney<br>registered paten   | rnatively,<br>single firm (having as a<br>y or agent) and the nam<br>t attorneys or agents. If  | member a 2 Chris  | tian E. Schu   |  |
| CFR 1.363).  Change of correspon Address form PTO/SB/1  "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.  ASSIGNEE NAME ANI   | ation (or "Fee Address" Indicator more recent) attached. Use   | Correspondence or (2) ation form e of a Customer list  E PRINTED ON THE P  | agents OR, alte ) the name of a gistered attorney registered paten sted, no name wi PATENT (print   | matively, single firm (having as a y or agent) and the nam t attorneys or agents. If ll be printed.  or type)   | member a es of up to no name is 2 Chris   | tian E. Schu<br>E. Bartony,                          |  |
| CFR 1.363).  Change of correspon Address form PTO/SB/1  "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.  ASSIGNEE NAME ANI PLEASE NOTE: Unles  | ation (or "Fee Address" Indica<br>or more recent) attached. Use  | Correspondence or (2) ation form e of a Customer list  E PRINTED ON THE P  | agents OR, alte ) the name of a gistered attorney registered paten ited, no name wi  PATENT (print will appear on t   | matively, single firm (having as a y or agent) and the nam t attorneys or agents. If ll be printed.  or type) the patent. If an assign  | member a es of up to no name is 2 Chris   | tian E. Schu<br>E. Bartony,                          |  |
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| CFR 1.363).  Change of correspon Address form PTO/SB/1  "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.  3. ASSIGNEE NAME ANI PLEASE NOTE: Unles recordation as set forth i  | ation (or "Fee Address" Indict<br>or more recent) attached. Use<br>D RESIDENCE DATA TO B<br>s an assignee is identified be<br>n 37 CFR 3.11. Completion  | Correspondence ation form e of a Customer  E PRINTED ON THE Pelow, no assignee data vof this form is NOT a su  | agents OR, alte ) the name of a gistered attorney registered paten ited, no name wi  PATENT (print of will appear on the stitute for filin RESIDENCE: (6)   | matively, single firm (having as a y or agent) and the nam t attorneys or agents. If ll be printed.  or type) the patent. If an assign g an assignment.   | ee is identified below, the decountry)  | tian E. Schu<br>E. Bartony,                          |  |
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| CFR 1.363).  Change of correspon Address form PTO/SB/1  "Fee Address" indice PTO/SB/47; Rev 03-02 Number is required.  3. ASSIGNEE NAME ANI PLEASE NOTE: Unles recordation as set forth i (A) NAME OF ASSIGN  Medr  Please check the appropriat  Late following fee(s) are last the same appropriated.   | ation (or "Fee Address" Indicator more recent) attached. Use D RESIDENCE DATA TO B is an assignee is identified bein 37 CFR 3.11. Completion of the EE ad, Inc.  e assignee category or catego e enclosed:  small entity discount permittee.   | Correspondence ation form e of a Customer  E PRINTED ON THE P clow, no assignee data w of this form is NOT a su  (B) F  ries (will not be printed or su  4b. Payr  Add)  | agents OR, alte ) the name of a gistered attorney registered patent ted, no name wi  PATENT (print of will appear on the abstitute for filin RESIDENCE: (for  Income the patent):  ment of Fee(s): A check in the ar Payment by cred the Director is he   | rnatively, single firm (having as a y or agent) and the nam t attomeys or agents. If ll be printed.  or type) the patent. If an assign g an assignment.  CITY and STATE OR C  dianola, Pa  Individual Co mount of the fee(s) is en it card. Form PTO-2038 | ee is identified below, the decountry)  A  copporation or other private groups attached.  ge the required fee(s), or cree | tian E. Schu E. Bartony, locument has been filed for |  |

Authorized Signature

June 22, 2006 Date

Typed or printed name ďľey

34,299 Registration No.

This collection of information is equived by 3 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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|---|--|---|--|--|--|--|--|--|--|--|
| (37 Q J. B. 1,311)  | CV   | CV/00-013                                     |  |  |  |  |  |  |  |  |
| Applicant(s): Frederick W. Trombley, III et al.   |  |   |  |  |  |  |  |  |  |  |
| Application No. Filing Date Examiner  09/982,518 10/18/2001 Benjamin Hu   | Customer No 21140  | Group Art Unit<br>3767                        | Confirmation No. 7226                  |  |  |  |  |  |  |  |
| Invention: INJECTION SYSTEM HAVING A PRESSURE ISOLATION MECHANISM AND/OR A HANDHELD CONTROLLER  |  |   |  |  |  |  |  |  |  |  |
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| Transmitted herewith are the following for the above-identified   | d application.   |   |  |  |  |  |  |  |  |  |
| ☑ Issue Fee Transmittal Form PTOL-85  |  |   |  |  |  |  |  |  |  |  |
| ☑ Utility Fee: <u>\$1400.00</u> □ Design Fee:   |  | Plant Fee:                                    |  |  |  |  |  |  |  |  |
| ☑ Publication Fee: \$300.00   |  |   |  |  |  |  |  |  |  |  |
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| Signature   | Dated: June 22, 200  | 6   |  |  |  |  |  |  |  |  |
| Gregory L. Bradley  |  |   |  |  |  |  |  |  |  |  |
| Medrad, Inc.<br>One Medrad Drive  |  |   |  |  |  |  |  |  |  |  |
| Indianola, PA 15051   |  |   |  |  |  |  |  |  |  |  |
| <b>,</b>  |  |   |  |  |  |  |  |  |  |  |
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| (Date)  | June 22, 2006 (Date)   | -<br>Jaloh                                    |  |  |  |  |  |  |  |  |
| Signature   | Signature of Pe  | rson Mailing Correspo                         | ndence                                 |  |  |  |  |  |  |  |
|   | Da   | wn M. Dedola                                  |  |  |  |  |  |  |  |  |
| Typed or Printed Name of Person Signing Certificate   | Typed or Printed Name  | e of Person Mailing Co                        | orrespondence                          |  |  |  |  |  |  |  |

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